PSJ3

Exhibit 126

CHECK REQUEST FORM

Date Requested: 11/20/15

Date Needed: 11/30/15

Amount: $7,000

Pay To: American Academy of Pain Medicine
P.O. Box 3781
Oak Brook, IL
60522

Q1
2016

Purpose: Exhibit Space @ AAPM 2016

Product (Drug) Associated: Subsys

G/L Code: 6202-300

Method of Payment:

Wire:_____ Check: X ACH:_____

Please return check to Anna

Requested By: [signature]

SIGNATURE OF APPROVAL: _____

_____

EXHIBIT SPACE

AAPM 32nd ANNUAL MEETING • PALM SPRINGS, CA • EXHIBIT DATES: FEBRUARY 18–20, 2016

Reserve your exhibit space by completing this form or going online to www.painmed.org for a fillable form and submitting your payment to AAPM.

We understand that space will be rented at the following rates:

- ☐ 10' x 10' (100 sq ft) $3,500
- ☒ 10' x 20' (200 sq ft) $7,000
- ☐ 10' x 30' (300 sq ft) $10,500
- ☐ 20' x 20' island (400 sq ft) $21,000
- ☐ 20' x 30' island (600 sq ft) $28,000
- ☐ 20' x 40' island (800 sq ft) $35,000
- ☐ 30' x 30' island (900 sq ft) $42,000

We understand that all space must be paid for in full by December 15, 2015. If assigned space is not paid for in full by the specified date, it can be assigned to another exhibitor at the discretion of the AAPM.

We agree to abide by the Terms and Conditions printed on the reverse side, which are made part of this contract. This contract is binding upon receipt and acknowledgment by AAPM.

After referring to the floor plan on page 15, indicate preferred booth location.

1st choice 119 2nd choice 217/219 3rd choice 320/322

4th choice 519 5th choice ..... 6th choice .....

List companies that you would prefer not to be near. *(AAPM will try to accommodate requests but can make no guarantees.)*

Depuy, Teva

Check product category(ies):

- ☐ Alternative Delivery System
- ☐ Billing Services
- ☐ Business Management Services
- ☐ Clinical Research
- ☐ Clinical Trial Management
- ☐ Compounding Pharmacy
- ☐ Diagnostic Imaging
- ☐ Education
- ☐ Electronic Health Records
- ☐ Insurance/Workers' Compensation
- ☐ Laboratory Equipment/ Instruments
- ☐ Laboratory Testing
- ☐ Medical Devices
- ☐ Medical Equipment/Supplies
- ☐ Medical Publishing/ Journals
- ☐ Office Management
- ☐ Organization
- ☐ Pain Management
- ☒ Pharmaceutical
- ☐ Prescription Dispensing
- ☐ Recruitment
- ☐ Software
- ☐ Ultrasound
- ☐ Other: .....

Marketing Opportunities

Maximize your presence by inviting attendees to your booth

- ☐ Room Drop $4,000

Program Guide Advertising

- ☐ 1 page, 4 color $2,500
- ☐ Inside Front Cover $3,125
- ☐ Inside Back Cover $2,750
- ☐ Back Cover $3,750

FOR AAPM USE ONLY

Booth number(s) assigned .....

Total cost $ .....

Company Information

Company/Institution Insys Therapeutics

Website www.insysrx.com

(Exactly as you want it to appear in the printed program and on the exhibit sign)

Address 1333 South Spectrum Blvd

City, State, ZIP Chandler, AZ 85286

Phone (602) 910-2617 Fax (602) 910-2627

E-mail info@insysrx.com

This representative will be the primary contact:

Name Anna (first) Mazzahl (last)

Title Exhibit Coordinator

The signer of the application for exhibit space shall be the official representative of the exhibitor and shall have the authority to certify representatives and act on behalf of the exhibitor in all negotiations.

Signature .....

Billing Information: (if different)

Name ..... (first) ..... (last)

Title .....

Company name (if different from above) .....

Address .....

City, State, ZIP .....

Phone (480) 500-3129 Fax (____) .....

e-mail exhibits@insysrx.com

Official Program Information: You will be sent a form via e-mail to submit a description, as you want it to appear, for the program guide and the AAPM website. This description is limited to 500 characters (including spaces and punctuation). The description may be edited slightly to maintain consistency. In order for this description to be included in the program guide, it must be received no later than December 15, 2015. Please e-mail copy to istrzalkowski@painmed.org.

Make checks payable to American Academy of Pain Medicine (AAPM). Tax ID# 36-3874208

Return Exhibit Space form with a 50% deposit per space through December 15, 2015, and 100% of cost after December 15, 2015.

American Academy of Pain Medicine

Exhibit Office, PO Box 3781, Oak Brook, IL 60522

Send Exhibit Space form to
AAPM, 8735 W. Higgins Road, Suite 300
Chicago, IL 60631
Attn: Professional Relations and Development
847.375.4856 • fax 888.374.7259 • e-mail istrzalkowski@painmed.org

Payment Information

cc# ..... exp ..... $ .....

check # ..... $ ..... date .....

Credit card payments of $5,000 or more will be assessed a 3% processing fee.